Application	orDocket	Number
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PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY			
TOTAL CLAIMS				Con		l. 1		 1	OR 7			
ļ		22					RATE	FEE	4	RATE	FEE	
FOR		NUMBER	NUMBER FILED		BER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			minus 20≈		* 2,			X\$ 9=	W	OR	X\$18=	t
INDEPENDENT CLAIMS			minus 3 =					X43=	43	OR	X86=	14
MULTIPLE DEPENDENT CLAIM PRESENT							+145=		OR	. +290=		
* If the difference in column 1 is less than zero, enter "0" in column 2						•	TOTAL	4-14	OR	TOTAL		
CLAIMS AS AMENDED - PART II									·		OTHER	
_		(Column 1)		(Colun		(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**	·	=		X\$ 9=		OR	X\$18=	
AME	Independent	* ENTATION OF MI	Minus	***	CL AIM	=		X43=		OR	X86=	·
	111101111202		JEIN EE DEF	LINDEIN	CLAIN			+145=		OR	+290=	
						_ L	TOTAL		OR	TOTAL		
		(Column 1)		(Colum	nn 2)	(Column 3)	A	DDIT. FEE			ADDIT. FEE	
m		CLAIMS		HIGHE	ST		lг		ADDI-	1 1		ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL FEE
NDN	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
\ME	Independent	*	Minus	*** ,		= .		X43=		OR	X86=	
′	FIRST PRESE	NTATION OF ML	ILTIPLE DEP	ENDENT	CLAIM		╎┟			UH		
		1,7/13/18						+145=		OR	+290=	<u> </u>
		, ,	/				AI	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
_		(Column 1)		(Colum	n 2)	(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUMB PREVIOU PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
N N	Total	*	Minus	**		=		X\$ 9=	,	OR	X\$18=	
	Independent	*	Minus	***		=		X43=			X86=	
`	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				\vdash	740-		OR	700-			
+145= OR +290=								+290=				
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is 1 ss than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is 1 ss than 20, enter "20." **DIT FEE							,	OR A	TOTAL DDIT. FEE			
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "High st Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												